



HOLD FORM

FOR OFFICE USE ONLY☐ Mailed ☐ Faxed

Received Date: _____

Faxed Copy Back at
_____ am/pm on ____/____/____**PRIMARY MEMBER NAME**

LAST _____ FIRST _____ Primary (____)

Email _____ Secondary (____)

Address _____

Fax Phone (____) _____ ****Please provide fax number for confirmation when faxing request. If you do not receive a confirmation fax returned, your request was not received.****HOLD POLICY**

CRC memberships may be placed on hold for a maximum of 3 months and a minimum of 1 month within a calendar year. The CRC requires 15 days notice to place a membership on hold and a \$15 processing fee per hold request.

MEMBER INITIALS REQUIRED:_____ I understand that my bank draft will automatically be reactivated and the membership will resume at the end of the hold period.

_____ I understand this form does not cancel my membership, only delays my bank draft for the Hold period requested below.

DRAFTED MONTHLY- Please select one:

Hold begins and ends on the current draft date.

☐ 1st of month OR ☐ 15th of month**ANNUAL MEMBERSHIP-**Hold begins and ends on the 1st of the month.**TYPE OF MEMBERSHIP (Check all that apply and include member names for Add-Ons)**

<input type="checkbox"/> Adult	<input type="checkbox"/> Special Hours	<input type="checkbox"/> Splash Aquatics _____
<input type="checkbox"/> Family	<input type="checkbox"/> Special Hours Couple	<input type="checkbox"/> Masters _____
<input type="checkbox"/> Youth/Teen		<input type="checkbox"/> Adult Plus _____

Hold to be effective for- ☐ 1 Month ☐ 2 Months ☐ 3 Months**Hold from _____ To _____.****Membership will automatically resume on _____.****TOTAL DUE: \$15 Processing Fee**☐ Visa ☐ MC Credit Card # _____ - _____ - _____ - _____ Expiration Date: ____/____/____☐ Cash ☐ Check # _____ Name on Card: _____**Member's Signature: _____ Date: _____**☐ Yes ☐ No I received a copy of this form for my records.(Received by) Staff Name: _____ Date: _____ *Staple receipt to the back of form.*